

**CLAIMS ONLY**

Application Number  
161608967

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
2							51						
3							52						
4							53						
5							54						
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45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
Total Indep	4						100						
Total Depend	19						Total Indep						
Total Claims	23						Total Depend						